

ATTACHMENT 1

Claims submission examples for tuberculosis-related services

Examples of claims submission before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

For example, if both of the following are true:		Then use the following:
Date of service	Date of receipt	Codes
9/1/03	9/30/03	<ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes.
9/30/03	10/14/03	<ul style="list-style-type: none"> • National nonmedical codes. • Pre-HIPAA medical codes.
10/14/03	11/1/03	<ul style="list-style-type: none"> • National nonmedical codes. • National medical codes.

For the following examples, the service performed was directly observed preventive therapy — tuberculosis infected only; the service was performed for 30 minutes in an office.

If both of the following are true:		Then use the following:			
Date of service	Date of receipt	Place of service code*	Type of service code**	Procedure code	Days or units
9/1/03	9/30/03	3	1	W6271	0.5
9/30/03	10/14/03	11	None	W6271	0.5
10/14/03	11/1/03	11	None	99402	1.0

*Place of service codes do not apply to those providers who submit claims on the UB-92.

**Type of service codes do not apply to those providers who submit claims on the UB-92.